MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. APPLICANT(S)

FILING DATE

AFTER 3 MAMENDMENT.

DEP.

IND.

CI	ΑÌ	M	`

			CLAIMS										
	AS FILEI		1"AMENDMENT		. 2 HAM	AFTER 1 ** AMENDMENT			ASI	AS FILED		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	}		IND.	DEP.	IND.		
2	 			-] .	51		1 221.	MVD.	DE	
3		 		 	-{	 	1	52					
4	-			-	- 	 	! !	53					
5					 	 	ł	54	<u>-</u>				
6					1	<u> </u>	1 1	<u>55</u>	-				
								57					
9				<u> </u>				58					
10								59			-		
11					1		1	60					
12					1			61 62	-				
13							. 1	63		·			
14 15							ı	64	1				
16					<u> </u>			65					
17					l			66					
18							}-	67 68	 				
19						- 2	-	69					
20 21				. 7-				70	-				
22								71					
23							 -	.72					
24							-	73 74					
25 26							· -	75				<u> </u>	
27								76					
28							- -	77					
29		•			7		-	78 79					
30			·				· -	80					
32								81			 -		
33							- 1-	82					
34							· -	83 84					
35							- -	85		————			
36 37	-							86					
38								87					
39.								88					
40						_	-	89. 90				<u></u>	
41							-	91					
42								92					
44					 -		-	93					
45	· ·		$\neg \vdash$				}-	94 95					
46							. -						
47								97					
48								98			 . -	ᅱ	
50	 -	 -					_	99					
TAL IND.		4	2	B		1		100					
TAL DEP		(m)	8				-	AL DEP		* -	۲, اــــ	-	
TOTAL CLAIMS	- 1		IO I				7	OTAL			44		
			<u> </u>	1000		-	٥	AIMS		Annual Cont.			
PTO-1366 (R	EV. 11/04)	-					- 0		U.S.	DEPARTMEN of and Tradest	F of COMME	RCE	

Best Available Copy